

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

41635

1. PLACE OF DEATH

County Callaway Co
Township Callaway
City Montgomery City Mo

Registration District No. 592
Primary Registration District No. 4250

File No.
Registered No.
St. Ward)

2. FULL NAME Mrs Annie Mahanes

(a) Residence, No. St., Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George Mahanes
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 25 th 1866
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 2 25

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Callaway Co

FATHER 13. NAME Dave Painter

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Un Known

MOTHER 15. MAIDEN NAME Un Known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Un Known

17. INFORMANT George Mahanes
(ADDRESS) Montgomery City Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Montgomery Mo DATE 12/21/31 19.

19. UNDERTAKER C. W. Hopkins
(ADDRESS) Montgomery City Mo

20. FILED Jan 10 19 32 O. J. Bentley
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/20/31, 19

22. I HEREBY CERTIFY, That I attended deceased from 12/7, 1931, to 12/20, 1931
I last saw him/her alive on 12/19, 1931. Death is said to have occurred on the date stated above, at 11 a. m.
The principal cause of death and related causes of importance were as follows:

Acute Dysentery Date of onset 12/6/31
13c
57A/B/C
Other contributory causes of importance: Chronic Arthritis
3 yrs duration

Name of operation Chincol Date of Chincol
What test confirmed diagnosis? Chincol Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) S. W. Pinesley M. D.
(Address) Montgomery City Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

